## **TEST CENTER CHANGE FORM**

Name	Pogistration No.		
name	Γ	Registration No.	
Address			
City, State, Zip Code			
Test center change requests must be recei Admissions no later than the deadline for te initially select a laptop computer test center, to one, you must pay the laptop fee and late	st center o but you ar	changes. If you did not e requesting to change	
Please indicate below your current test cent	er and the	e desired test center.	
NAME		CODE	
FROM			
то			
Signature		OFFICE USE ONLY	
Telephone	TEST	TEST CENTER CHANGE	
Date		Date Received	
		Recommendations: Grant □ Deny □	
		From: To:	
	Signatu	Signature of Approval:	